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BWL



TALENTED STUDENT SPONSORSHIP 2018-19

**IMPORTANT POINTS TO NOTE WHILE FILLING & SUPPORTING DOCUMENTS: -**

- 1) All columns must be filled up and no column should be left blank.
- 2) Application must be filled up in candidate's own handwriting.
- 3) Students scoring 75% and above from Madhyamik level can apply.
- 4) For any query, call us at 8697117946 / 033-24625544

**The following supporting documents should be submitted along with the application:**

- 1) Certificates and marksheet showing marks secured from Madhyamik (10<sup>th</sup> std.) and onwards.
- 2) Income of parents certified by the revenue authorities.
- 3) Two recent color passport size photographs (non-attested) of applicant
- 4) Proof of admission to the course and the tuition fee paid/payable per annum duly certified by the institution authority.
- 5) Copy of the SBI Pass book of applicant

**Last date of form submission is 31st August 2018**

> **1. PERSONAL DETAILS:**

Full Name (Block Letters): -	RABINA KHATUN
Male /Female: -	Female
Date of Birth (dd/mm/yyyy): -	05/07/1995
SBI a/c no. of the candidate:	30979958310



Permanent Address: - Vill- KAMALPUR , PO+ P.S - NADANGHAT  
Dist- PURBA BARDHAMAN, WEST BENGAL, 713515

Present Address:- Vill- KAMALPUR , PO+PS - NADANGHAT,  
Dist- PURBA BARDHAMAN WEST BENGAL, 713515

**Contact details:**

Sl. No.	Contact No.	Name and Relationship
1.	<del>RABI</del> 9609697396	RABIAL HAQUE MONDAL (Father)
2.	7908617928	HAMIM MONDAL (Brother)
E-mail ID (if any): - rabina.cmc@gmail.com		Mobile No.: - 9134661038
		Whats App No.: 9134661038



Annexure A:

To,  
The Secretary,  
Mukti,  
22 Canal Side Road,  
Garia, Kolkata - 700084

To whom it may concern that

I, hereby declare that, RABINA KHATUN is a bonafide student of  
MALDA MEDICAL COLLEGE(institution) and is pursuing 2<sup>nd</sup> year  
(class/year with stream).

Considering his/her family economic condition, it would be a great help if MUKTI helps this needy student to shape his/her future in a better way.

Thanking You,

*P. Kundu*  
*8.5.18*

Signature of Head of the Institution

With institution seal **Principal**  
Malda Medical College, Malda.

Date:

Phone no. of Institution: 03512-221087



## 2. EDUCATION DETAILS:

Class	Name of the Institution	Year of passing	% Marks obtained
Madhyamik	NADANGHAT ANNAPURNA BALIKA VIDYALAYA	2011	75.6%
H.S. (10+2)	GUTI UDAXCHAND VIDYAMANDIR	2013	78%
Under Graduate			
Post-Graduate			

## > 3. CURRENT EDUCATION DETAILS:

Course Name:	M. B. B. S
Department:	
Institution Name:	MALDA MEDICAL COLLEGE & HOSPITAL
Institution Address:	ENGLISH BAZAR, MALDA, WEST BENGAL, 732101
Name of the Entrance test with RANK No:(if applicable)	WEST BENGAL JOINT ENTRANCE EXAMINATION
Year Appeared: -	RANK → 1307
Duration of the course:	2016
Year of Admission:	4.5 yrs.
Year of completion (must specify month & year)	2016
If the candidate received any stipend/scholarship/ or any other Govt. scheme. If yes, please specify with name, nature of scholarship and amount in Rs.	MARCH, 2021
Expense per Year	NO
	i) Admission and Institution fee: Rs. 1000/- + 13500/- = 14500/- + 2000/- ii) Books: Rs. 30,000/- + 2000/- = 18500/- iii) Hostel (if applicable): Rs. 216/- + 50400/- iv) Private tuition fee: Rs. .... Total: Rs. 99116/-



#### 4. FAMILY DETAILS:

Relation	Full Name	Age	Occupation	Education	Source of funding (if studying)	Annual Income
Father	RABIJAL HAQUE MONDAL	50	FARMER	class <u>IV</u>		60,000/-
Mother	SABINA MONDAL	40	HOUSE WIFE	class <u>VIII</u>		
Brother(s)	HAMJIM MONDAL	19	Students	class <u>XI</u>	Family + Scholarship	
Sister(s)						

> What is your future aim?

I want to be a good Doctor.

> **DECLARATION BY THE APPLICANT: -**

I, hereby declare that all the above information furnished by me is true. In case, any discrepancy is noticed, MUKTI has every right to terminate my sponsorship. I declare that my character and behavior will be exemplary and I shall maintain high scholastic standards and values, thereby setting an example for others. I will inform MUKTI of all changes in the course of my sponsorship. I will also attend any kind of seminar/ workshop/ meeting as will be informed to me. Failing to do so will result in cancellation of my sponsorship.

Place: Kamalpur

Date: 7.8.18

Rabina Khatun

Signature of the applicant:

> **DECLARATION BY PARENT/GUARDIAN: -**

I, hereby declare that the above information furnished by my ward is true and there is no factual error. I am fully responsible for the accuracy of the information furnished in the application. In case of any discrepancy, I agree to refund the money received as sponsorship to MUKTI. I am also fully aware of the conditions pertaining to continuity of sponsorship.

Place: Kamalpur

Date: 7.8.18

Signature of Parent/Guardian:



Questionnaire (Please tick carefully, any wrong answer will cause your application will stand canceled)

	YES	NO
1. Are you female?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Do you stay in a village?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Is anybody employed (service/job) in your family?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Are you staying at your home for your studies?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Are your parents (father and mother) alive?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Are you studying in government institution?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Do you give tuitions to other students?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Are you Physically Handicapped?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Are you involved in any co-curricular activities?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Are you getting sponsorship from any other sources/ availing govt. funding?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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